

IN THE Circuit COURT OF THE First JUDICIAL DISTRICT
OF HINDS, COUNTY, MISSISSIPPI

Angie Berry

VS.

University of Mississippi Medical Center

PLAINTIFF

NO. 21-627

DEFENDANT

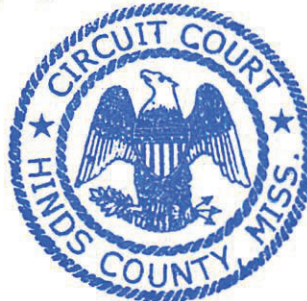
I, ZACK WALLACE, CIRCUIT CLERK, OF THE CIRCUIT COURT
IN AND FOR THE SAID STATE AND COUNTY DO HEREBY CERTIFY THAT
THE ATTACHED ARE TRUE AND CORRECT COPIES OF ALL THE PAPERS
FILED IN THIS OFFICE IN THE ABOVE STYLED AND NUMBERED CAUSE,
AS OF THIS DATE THE SAME IS OF RECORD IN THIS OFFICE IN DOCKET
BOOK NO. Mec PAGE NO. 21-627 TO WIT:

GIVEN UNDER MY HAND AND SEAL OF OFFICE THIS THE 5th
DAY OF January, 2022.

ZACK WALLACE, CIRCUIT CLERK
HINDS COUNTY, MISSISSIPPI

BY [Signature]

D.C.



IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI

ANGIE BERRY

PLAINTIFF

VERSUS

CIVIL ACTION NO.: 21-627

UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

DEFENDANTS

COMPLAINT

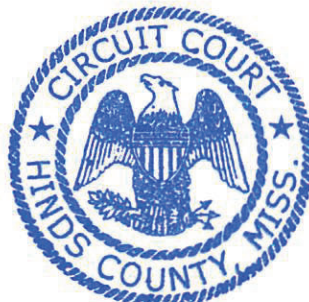
COMES NOW, Plaintiff, Angie Berry, (Hereinafter "Berry"), and makes this her Complaint against the Defendant and would show unto the Court the following, to wit:

PARTIES

1. Berry is a resident citizen of Hinds County, Mississippi who may be contacted through undersigned counsel.
2. Defendant University of Mississippi Medical Center, is a corporation organized under the laws of the State of Mississippi, registered and doing business in the State of Mississippi. Defendant may be served with process through the Attorney General Lynn Fitch.

JURISDICTION AND VENUE

3. Jurisdiction and Venue are proper in this Court because the acts and omissions giving rise to this action occurred in Hinds County, Mississippi.



STATE OF MISSISSIPPI, COUNTY OF HINDS
I, Zack Wallace, Clerk of the Circuit Court in and for the said State and County do hereby certify that the above and foregoing is a true and correct copy of the original CASE FILE
and the same is of record in this office in MEC
Book No. 21-627 at page # All Documents
Given under my hand and the seal of the Circuit Court
this the 5th day of January 20 22
Zack Wallace, Circuit Clerk
BY [Signature] D.C.

FACTS

4. Defendant is the owner and operator of a hospital located in Jackson, Mississippi.
5. Berry was employed as a phlebotomist for the Defendant for approximately four years.
6. During Berry's tenure of employment, Berry was required to take Family Medical Leave Act (FMLA) time off because of her diabetes and stomach issues.
7. Over the summer of 2019 Berry missed several weeks of work under FMLA status.
8. Berry returned to work in August of 2019.
9. On February 14, 2020 Berry was terminated after being absent from work because of her diabetes/stomach issues.
10. Berry's diabetes and stomach issues were covered health related issues under the FMLA.
11. At the time of her termination, Berry had not yet used all of her allowed time under the FMLA.
12. Defendant qualifies as an employer under the FMLA and ADA.

I. VIOLATION OF FMLA

13. Berry hereby incorporates by reference all previously stated paragraphs as though full restated herein.
14. Defendant violated the FMLA by terminating Berry because Berry was forced to miss work for covered health related issues.
15. Defendant knew that Berry was missing work for covered health related issues.
16. Upon information and belief, Berry had not exhausted her leave under the FMLA at the time that she was forced to resign/terminated.

II. ADA

17. Berry hereby incorporates by reference all previously stated paragraphs as though full restated herein.
18. Defendant's actions also constitute a violation of the Americans with Disabilities Act.
19. Berry's diabetes qualifies Berry as a person with a disability under the ADA.
20. Berry's absences because of health-related issues constitute a reasonable accommodation under the ADA.
21. Berry's termination constitutes a violation under the ADA because the Defendant failed to make a reasonable accommodation for Berry and her diabetes related health issues.

WHEREFORE, Plaintiff respectfully prays that this Court:

1. Assume jurisdiction over this action;
2. Award appropriate equitable relief including but not limited to prospective injunctive relief, declaratory and other injunctive remedies;
3. Award Plaintiff nominal and actual damages for Defendant's actions and omissions;
4. Award Plaintiff compensatory damages, including, but not limited to, those for past and future pecuniary and non-pecuniary losses, emotional distress, suffering, loss of reputation, humiliation, inconvenience, mental anguish, loss of enjoyment of life, and other non-pecuniary losses;
5. Punitive damages for all claims allowed by law in an amount to be determined at trial;
6. Pre-judgment and post-judgment interest at the highest lawful rate;

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7. Award *Veasley* damages, including but not limited to Plaintiffs' costs of litigation, including reasonable attorney's fees and expenses;

8. Grant such other relief to which Plaintiff may be entitled or as this Court deems necessary and proper.

RESPECTFULLY SUBMITTED this the 6th day of October, 2021.

ANGIE BERRY
PLAINTIFF



DANIEL M. WAIDE, MSB #103543

Daniel M Waide, MS Bar #103543
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Filed: 10/06/2021

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COVER SHEET		Court Identification Docket #		Case Year	Docket Number
Civil Case Filing Form (To be completed by Attorney/Party Prior to Filing of Pleading)		<div style="border: 1px solid black; padding: 2px;">25</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">21</div>	<div style="border: 1px solid black; padding: 2px;">CV</div> <div style="border: 1px solid black; padding: 2px;">11</div> <div style="border: 1px solid black; padding: 2px;">21</div>	<div style="border: 1px solid black; padding: 2px;">2021</div>	<div style="border: 1px solid black; padding: 2px;">1006</div> <div style="border: 1px solid black; padding: 2px;">2021</div>
Mississippi Supreme Court Administrative Office of Courts		Form AOC/01 (Rev 2020)		Case Number if filed prior to 1/1/94	
In the <u>CIRCUIT</u> Court of <u>HINDS</u> County <u>---</u> Judicial District <u>---</u>		Month <u>10</u> Date <u>06</u> Year <u>2021</u> This area to be completed by clerk			
Origin of Suit (Place an "X" in one box only)					
<input checked="" type="checkbox"/> Initial Filing <input type="checkbox"/> Remanded		<input type="checkbox"/> Reinstated <input type="checkbox"/> Reopened		<input type="checkbox"/> Foreign Judgment Enrolled <input type="checkbox"/> Joining Suit/Action	
				<input type="checkbox"/> Transfer from Other court <input type="checkbox"/> Appeal	
				<input type="checkbox"/> Other	
Plaintiff - Party(ies) Initially Bringing Suit Should Be Entered First - Enter Additional Plaintiffs on Separate Form					
Individual <u>Berry</u> Last Name <u>Angie</u> First Name <u>---</u> Maiden Name, if applicable <u>---</u> M.I. <u>---</u> Jr/Sr/III/IV <u>---</u>					
Check (x) if Individual Plaintiff is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: <u>---</u>					
Check (x) if Individual Plaintiff is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: <u>---</u>					
Business <u>---</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated: <u>---</u>					
Check (x) if Business Plaintiff is filing suit in the name of an entity other than the above, and enter below: <u>---</u>					
Address of Plaintiff <u>---</u>					
Attorney (Name & Address) <u>Daniel M. Waide</u> MS Bar No. <u>103543</u>					
Check (x) if Individual Filing Initial Pleading is NOT an attorney					
Signature of Individual Filing: <u>---</u>					
Defendant - Name of Defendant - Enter Additional Defendants on Separate Form					
Individual <u>---</u> Last Name <u>---</u> First Name <u>---</u> Maiden Name, if applicable <u>---</u> M.I. <u>---</u> Jr/Sr/III/IV <u>---</u>					
Check (x) if Individual Defendant is acting in capacity as Executor(trix) or Administrator(trix) of an Estate, and enter style: <u>---</u>					
Check (x) if Individual Defendant is acting in capacity as Business Owner/Operator (d/b/a) or State Agency, and enter entity: <u>---</u>					
Business <u>University of Mississippi Medical Center</u> Enter legal name of business, corporation, partnership, agency - If Corporation, indicate the state where incorporated: <u>---</u>					
Check (x) if Business Defendant is acting in the name of an entity other than the above, and enter below: <u>---</u>					
Attorney (Name & Address) - If Known <u>---</u> MS Bar No. <u>---</u>					
Check (x) if child support is contemplated as an issue in this suit.* *If checked, please submit completed Child Support Information Sheet with this Cover Sheet					
Nature of Suit (Place an "X" in one box only)					
Domestic Relations <input type="checkbox"/> Child Custody/Visitation <input type="checkbox"/> Child Support <input type="checkbox"/> Contempt <input type="checkbox"/> Divorce: Fault <input type="checkbox"/> Divorce: Irreconcilable Diff. <input type="checkbox"/> Domestic Abuse <input type="checkbox"/> Emancipation <input type="checkbox"/> Modification <input type="checkbox"/> Paternity <input type="checkbox"/> Property Division <input type="checkbox"/> Separate Maintenance <input type="checkbox"/> Term. of Parental Rights-Chancery <input type="checkbox"/> UIFSA (eff 7/1/97; formerly URESA) <input type="checkbox"/> Other <u>---</u>		Business/Commercial <input type="checkbox"/> Accounting (Business) <input type="checkbox"/> Business Dissolution <input type="checkbox"/> Debt Collection <input checked="" type="checkbox"/> Employment <input type="checkbox"/> Foreign Judgment <input type="checkbox"/> Garnishment <input type="checkbox"/> Replevin <input type="checkbox"/> Other <u>---</u>		Probate <input type="checkbox"/> Accounting (Probate) <input type="checkbox"/> Birth Certificate Correction <input type="checkbox"/> Mental Health Commitment <input type="checkbox"/> Conservatorship <input type="checkbox"/> Guardianship <input type="checkbox"/> Joint Conservatorship & Guardianship <input type="checkbox"/> Heirship <input type="checkbox"/> Intestate Estate <input type="checkbox"/> Minor's Settlement <input type="checkbox"/> Muniment of Title <input type="checkbox"/> Name Change <input type="checkbox"/> Testate Estate <input type="checkbox"/> Will Contest <input type="checkbox"/> Alcohol/Drug Commitment (voluntary)	
Appeals <input type="checkbox"/> Administrative Agency <input type="checkbox"/> County Court <input type="checkbox"/> Hardship Petition (Driver License) <input type="checkbox"/> Justice Court <input type="checkbox"/> MS Dept Employment Security <input type="checkbox"/> Municipal Court <input type="checkbox"/> Other <u>---</u>		Children/Minors - Non-Domestic <input type="checkbox"/> Adoption - Contested <input type="checkbox"/> Adoption - Uncontested <input type="checkbox"/> Consent to Abortion <input type="checkbox"/> Minor Removal of Minority <input type="checkbox"/> Other <u>---</u>		Civil Rights <input type="checkbox"/> Elections <input type="checkbox"/> Expungement <input type="checkbox"/> Habeas Corpus <input type="checkbox"/> Post Conviction Relief/Prisoner <input type="checkbox"/> Other <u>---</u>	
		Contract <input type="checkbox"/> Breach of Contract <input type="checkbox"/> Installment Contract <input type="checkbox"/> Insurance <input type="checkbox"/> Specific Performance <input type="checkbox"/> Other <u>---</u>		Statutes/Rules <input type="checkbox"/> Bond Validation <input type="checkbox"/> Civil Forfeiture <input type="checkbox"/> Declaratory Judgment <input type="checkbox"/> Injunction or Restraining Order <input type="checkbox"/> Other <u>---</u>	
				Real Property <input type="checkbox"/> Adverse Possession <input type="checkbox"/> Ejectment <input type="checkbox"/> Eminent Domain <input type="checkbox"/> Eviction <input type="checkbox"/> Judicial Foreclosure <input type="checkbox"/> Lien Assertion <input type="checkbox"/> Partition <input type="checkbox"/> Tax Sale: Confirm/Cancel <input type="checkbox"/> Title Boundary or Easement <input type="checkbox"/> Other <u>---</u>	
				Torts <input type="checkbox"/> Bad Faith <input type="checkbox"/> Fraud <input type="checkbox"/> Intentional Tort <input type="checkbox"/> Loss of Consortium <input type="checkbox"/> Malpractice - Legal <input type="checkbox"/> Malpractice - Medical <input type="checkbox"/> Mass Tort <input type="checkbox"/> Negligence - General <input type="checkbox"/> Negligence - Motor Vehicle <input type="checkbox"/> Premises Liability <input type="checkbox"/> Product Liability <input type="checkbox"/> Subrogation <input type="checkbox"/> Wrongful Death <input type="checkbox"/> Other <u>---</u>	

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IN THE CIRCUIT COURT OF HINDS COUNTY, MISSISSIPPI

ANGIE BERRY

PLAINTIFF

VERSUS

CIVIL ACTION NO: 21-627

UNIVERSITY OF MISSISSIPPI
MEDICAL CENTER

DEFENDANT

SUMMONS

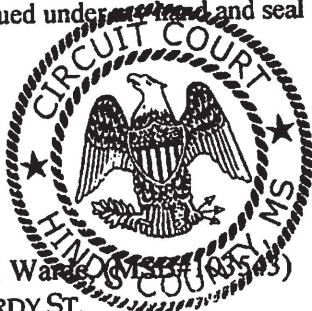
THE STATE OF MISSISSIPPI
COUNTY OF HINDS

TO: University of Mississippi Medical Center
c/o Attorney General Lynn Fitch

THE COMPLAINT, WHICH IS ATTACHED TO THIS SUMMONS, IS IMPORTANT AND YOU MUST TAKE IMMEDIATE ACTION TO PROTECT YOUR RIGHTS.

You are required to mail or hand deliver a copy of a written response to the Complaint to Daniel M. Waide, P.O. Box 17738, Hattiesburg, MS 39404, attorney for the Plaintiffs. Your response to the Complaint must be mailed or delivered within 30 days from the date of delivery of this Summons and Complaint or a judgment by default will be entered against you for the money or other things demanded in the Complaint. You must also file the original of your response with the Clerk of this Court within a reasonable time afterward.

Issued under ~~the~~ hand and seal of said Court, this 6th day of October, 2021.



Zack Wallace,
HINDS COUNTY CIRCUIT CLERK

By: K. Cauffman D.C.

Daniel M. Waide
1300 HARDY ST.
PO BOX 17738
HATTIESBURG, MS 39404
601-582-4553 (OFFICE)
601-582-4556 (FAX)
dwaide@jhrlaw.net

Mississippi Electronic Courts
Seventh Circuit Court District (Hinds Circuit Court - Jackson)
CIVIL DOCKET FOR CASE #: 25CI1:21-cv-00627-WLK

BERRY v. THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER
Assigned to: Winston L Kidd

Date Filed: 10/06/2021
Current Days Pending: 91
Total Case Age: 91
Jury Demand: None
Nature of Suit: 5 Employment

Upcoming Settings:

None Found

Plaintiff

ANGIE BERRY

represented by **Daniel Waide**
Johnson, Ratliff, and Waide, PLLC
PO Box 17738
HATTIESBURG, MS 39404
601-582-4553
Email: dwaide@jhrllaw.net
ATTORNEY TO BE NOTICED

V.

Defendant

**THE UNIVERSITY OF MISSISSIPPI MEDICAL
CENTER**

Date Filed	#	Docket Text
10/06/2021	<u>2</u>	COMPLAINT against THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER, filed by ANGIE BERRY. (Attachments: # <u>1</u> Civil Cover Sheet,) (KC) (Entered: 10/06/2021)
10/06/2021	<u>3</u>	SUMMONS Issued to THE UNIVERSITY OF MISSISSIPPI MEDICAL CENTER. (KC) (Entered: 10/06/2021)

MEC Service Center			
Transaction Receipt			
01/05/2022 10:18:00			
You will be charged \$0.20 per page to view or print documents.			
MEC Login:	ag1023	Client Code:	
Description:	Docket Report	Search Criteria:	25CI1:21-cv-00627-WLK
Billable Pages:	1	Cost:	0.20